

Intraoral condylomata acuminata

A case report

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SUMMARY Condylomata acuminata occurred intraorally in a 6 year old Nigerian girl. Since she had no skin or genital lesions and no history of sexual contact, the virus was probably acquired from environmental sources. Non-sexual modes of transmission should, therefore, be considered, particularly when the lesions are extragenital.

Introduction

The condyloma acuminatum (venereal wart) is a benign epithelial proliferation that occurs most frequently on the mucous membranes of the perianal and genital areas of men and women.¹ The transmissible aetiological agents of this lesion are papovaviruses.^{2,3} Genital warts have long been recognised⁴ and are now thought to be one of the four most common sexually transmitted diseases⁵⁻⁷ and second only to genital herpes among the sexually transmissible viruses. Although extragenital lesions do occur intraoral condyloma acuminatum is rare,⁸⁻¹⁰ and has been reported most commonly in the temperate and developed parts of the world. This case is reported because of the extreme rarity of the condition in this part of the world and also to focus attention on the possible acquisition and transmission of this virus through non-sexual means.

Case report

A 6 year old Nigerian schoolgirl was referred to the special treatment clinic at University College Hospital, Ibadan, Nigeria, from the paediatric surgical unit at the same hospital for evaluation of intraoral growths and to rule out the possibility of treponemal disease. She was the fourth of seven children. Examination of her mouth showed multiple, fleshy, flat-topped, painless growths protruding from the inner surfaces of the upper and lower lips (figure). They ranged from single lesions to clusters on the mucosal surfaces of both lips but they did not extend to other areas of the oral cavity. The

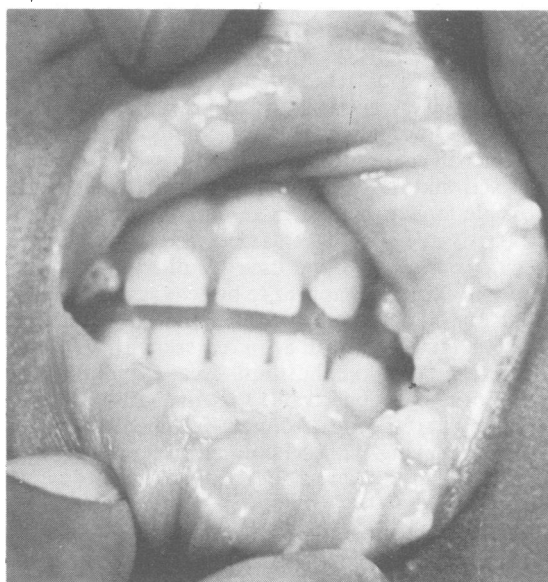


FIGURE Multiple, fleshy, flat-topped, painless, intraoral condylomata acuminata in a 6 year old girl.

intervening mucous membrane was normal. Complete physical examination showed no other lesions.

The oral lesions had first been noticed by her mother four months earlier and had gradually increased in number and size since then. The girl had no history of sexual contact, voluntary or involuntary, and the hymen was intact. There was no history of the occurrence of such lesions in her parents or siblings and physical examination of her mother and siblings showed no important abnormalities.

Serological tests for syphilis (Venereal Disease Research Laboratory test and the *Treponema palli-*

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dum haemagglutination test) were non-reactive and urethral and vaginal cultures for *N gonorrhoeae* were negative. Haematological indices were within normal limits.

The girl was treated by cryosurgery twice weekly for four weeks and the warts had disappeared by the end of four weeks. She defaulted from further clinic attendances.

Discussion

Condyloma acuminatum has been reported to affect the mucosa of the gingiva,^{9 11} cheeks,^{10 11} lips,¹⁰⁻¹⁴ and hard palate.¹¹ This is quite understandable as the oral cavity has a mucocutaneous junction similar to that of the vagina and anus. Most cases in children, however, have been associated with preceding or coexisting genital lesions in the affected individuals or with the presence of genital warts in their mothers during pregnancy. Autoinoculation from such genital lesions or acquisition from infected mothers during delivery account for the intraoral lesions. In this case the mode of acquisition of the lesion remains an enigma. As there was no history of sexual contact and no other lesions were found other possible modes of transmission of this virus have to be considered. Evidence has suggested that skin and genital warts may be caused by different agents,¹⁵ and that skin warts appear to be acquired from environmental sources such as public bathing facilities¹⁶ while genital warts are acquired sexually with peak occurrence early in the third decade of life.¹⁷ It is therefore not inconceivable that this girl might have contracted the virus from environmental sources, such as playing with schoolmates or during swimming.

Further studies are needed of the mode of transmission of papovaviruses especially in relation to warts. Meanwhile, non-sexual modes of transmission of this virus may be a real possibility especially when condylomata acuminata occur at extragenital sites.

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